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CFRA Employee Request for Third Opinion - WC - Training Narrative (CAA2212)

Purpose: Use this to confirm you have received the employee's request for a third opinion. Special note: this opinion is final and binding. This letter also notifies the employee that Workers' Compensation and CFRA leaves are completely separate from each other.

After you have downloaded the form from our webpage, save it to your computer.

We suggest grouping the letters/forms by leave type, and then have separate folders for the letters and forms. You may want to organize it like our Table of Contents so you can easily cross-reference our list with your folders to easily determine what letters you have or do not have.

Once the document is saved, open it so you can create your company template by updating all the **blue highlights** within the document.

The **yellow highlights** are employee specific details and will be changed with individual situations.

To update the blue highlights, begin by executing a "Find and Replace" for the word "Company." Replace "Company" with your organization's business name.

On the last page, enter your name, title and telephone number.

You have successfully completed your template! Save it so it can be used when customizing the yellow highlights.

The first few yellow highlights include the current date and the name and address of the employee. Date the letter the day it will be mailed to the employee.

- Enter the date that the employee requested the third opinion.
- Enter the date you received the medical certificate and then the date that of the medical certificate. List, verbatim, the restrictions listed on the medical certificate. Do not enter your comments here regarding what needs to be clarified.
- Enter the date that the list of providers is due which is seven (7) days from the date of the letter.



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- Enter the date of the second opinion medical certificate.

You will want to be sure to follow up with the employee at least 2 days before their list is due to remind them that it is coming due. While this may seem as an administrative burden, you are essentially putting the “human” back in to Human Resources. You are acting in good faith to be sure they get their leave authorized.

Under the enclosures section:

1. California Family Rights Act (CFRA) Medical Certification form. [Blank form to be completed]
2. California Family Rights pamphlet
3. California Family Rights Act (CFRA) Medical Certification form. Enter the date of the enclosed medical certificate. List each separately if there is more than one.
4. Include the most current Job Description. Ensure the employee’s title matches that of the Job Description. Be sure to include the Job Description so the Health Care Provider can use it when completing the FEHA/ADA Medical Certificate. You do not want the employee to tell the Health Care Provider what the job entails.
5. Include a blank Authorization for Release of Medical Information (GE1004) if you do not have one on file. These are always nice to have, however it is not required to obtain information that allows to understand if the employee is a Qualified Individual with a Disability and to determine if an accommodation is required to perform the functions of the job. It is not appropriate to inquire into the medical history of the employee. Stay focused on what functions of the job they can perform with or without accommodation. This completed form allows you to engage in conversations with the medical provider if you need obtain additional information to determine if you can provide accommodation(s) without causing your organization undue hardship and the employee has been unsuccessful in providing it to you. However we always suggest you do so with the employee present.

Once the letter has been completed, we suggest reading through it or having someone else proofread it to be sure that it makes sense and sections weren’t missed. We also suggest sending the letter via regular and certified or return receipt mail so that there isn’t any question that the employee has received the letter. Maintain a copy of the letter sent in the employee medical file, and if you are



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utilizing our Medical Leave Management (MLM) timeline (GE1007), update the timeline with the title of the letter and the date sent along with any other important dates such as a medical certificate expiration date, due dates, benefit expiration, etc.

It's important to document ALL conversations with the employee as well as maintaining a record of all documents sent to and received from the employee on the MLM timeline.